

**Work Order ID 90079**

\*90079\*

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September-13-12 1:01:17 PM

**Item ID:** D3259-3

**Revision ID:**

**Item Name:** Doubler

Start Date: 9/12/12 Start Qty: 6.00

\*6\*

Required Date: 10/05/12 Req'd Qty: 6.00

\*6\*

### Reference:

### Approvals:

### Process Plan:

Date: 12-09-13 Tooling:

Date:

Run Start

\*NR1\*

OC:

Date:

SPC (Y/N):

Date:

Stop

†NPD†

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3259	Rev B								100-10-7
100		0.00							
<b>*100*</b> Waterjet	FLOW WATER JET								
FLOW CNC Waterjet 2024.063"									
	<b>Memo</b>	0.00							
	1-Cut as per Dwg D3259	Dwg Rev: <u>B</u>	Prog Rev: <u>B</u>	2-					
	Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*110*</b> QC									
Quality Control	<b>Memo</b>	0.00							
120	QC8- Inspect parts - second check	0.00							
<b>*120*</b> QC									
Quality Control	<b>Memo</b>	0.00	<i>SMB</i> <i>120.09</i>						

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS											
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspector Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

Work Order ID 90079

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Item ID: D3259-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Doubler

Stop

\*NS2\*

Start Date: 9/12/12 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 10/05/12 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

\*130\*

Small Fab

0.00

8x

6/12/12/17

Small Fab

Memo

0.00

Small Fab

1-C'Sink Holes as per Dwg D3259

140

\*140\*

NC BRAKE

0.00

8

8  
13/6/12

Brake NC

Memo

0.00

Brake NC

Form as per Dwg D3259

150

\*150\*

QC5- Inspect part completeness to step on W/O

0.00

AS  
15  
3-89

QC

Memo

0.00

Quality Control

8

8

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____			<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>			<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>																				
<b>Root Cause</b> Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector														
<b>FAULT CATEGORY</b> <table border="1"> <tr> <td colspan="3"> <b>Landing Gear</b>  <input type="checkbox"/> Bending  <input type="checkbox"/> Centre Not Concentric to O/S  <input type="checkbox"/> Cracks  <input type="checkbox"/> Crushed/Crimped.  <input type="checkbox"/> Cuffs  <input type="checkbox"/> Heat Treat  <input type="checkbox"/> Inspection Strip in Tube  <input type="checkbox"/> Ripples in Bend  <input type="checkbox"/> Torque Waves in Extrusion  <input type="checkbox"/> Turning Sequence  <input type="checkbox"/> Wave/Twist in Tube       </td> <td colspan="3"> <b>General</b>  <input type="checkbox"/> Bend  <input type="checkbox"/> BOM/Route  <input type="checkbox"/> Broken/Damaged  <input type="checkbox"/> Burrs  <input type="checkbox"/> Contamination  <input type="checkbox"/> Countersink  <input type="checkbox"/> Cut Too Short  <input type="checkbox"/> Drill Holes  <input type="checkbox"/> Drawing  <input type="checkbox"/> Finish  <input type="checkbox"/> Folio       </td> <td colspan="3"> <input type="checkbox"/> Grain  <input type="checkbox"/> Hardware  <input type="checkbox"/> Inspection Incomplete  <input type="checkbox"/> Instructions Incomplete/Unclear  <input type="checkbox"/> Maintenance  <input type="checkbox"/> Mislabeled  <input type="checkbox"/> Misread  <input type="checkbox"/> Offset  <input type="checkbox"/> Out of Calibration  <input type="checkbox"/> Out of Sequence  <input type="checkbox"/> Outside Dimensions       </td> <td colspan="3"> <input type="checkbox"/> Ovalized  <input type="checkbox"/> Over/Under tolerance  <input type="checkbox"/> Part Incorrect  <input type="checkbox"/> Part Lost/Missing  <input type="checkbox"/> Part Moved  <input type="checkbox"/> Positioned Wrong  <input type="checkbox"/> Power Loss/Surge       </td> <td colspan="3"> <input type="checkbox"/> Pressure/Forced  <input type="checkbox"/> Temperature/Cure  <input type="checkbox"/> Weld  <input type="checkbox"/> Wrong Stock Pulled       </td> </tr> </table>												<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled														

**Work Order ID 90079**

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**\*90079\***

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Item ID: D3259-3

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Doubler

Stop

**\*NS2\***

Start Date: 9/12/12 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 10/05/12 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

Chemical Conversion Coat per QSI005 4.1

0.00

**\*160\***

HandFinish

Hand Finishing

8

16

13-1-22

170

QC3- Inspect Part Finish

0.00

DAS  
15  
9-69**\*170\***

QC

Quality Control

0.00

B-1-23

8

180

Identify as per dwg & Stock Location: ST180A

0.00

**\*180\***

Packaging

Packaging

Memo

0.00

8

13-01-23fb

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order ID 90079

September-13-12 1:01:17 PM

\*90079\*

Page 4

Item ID: D3259-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Doubler

Start Date: 9/12/12 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 10/05/12 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

13/1/25/10

\*190\*

QC

Quality Control

Memo

0.00

ME  
13/1/2010

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio		Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions		Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge		Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled  Other	

**Picklist Print**

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Page 1

Work Order ID: 90079

Parent Item: D3259-3

Parent Item Name: Doubler

Start Date: 9/12/12

Required Date: 10/05/12

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A New Issue 07-07-19 JLM Verified By:EC IPP REV B:AS PER REV B 10-05-19 JLM VERIFIED BY:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet	Purchased	No				100	sf	106.0200	1.388	8.7663156		(82-10-7)	

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT022	106.02	
119916	62.6	
121197	43.42	

119916

(8)

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS											
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>										
Part No. _____																	
NCR No. _____																	
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																	
Equip/Tooling																	
Operator																	
Material																	
Setup																	
Other																	
Process																	
Supplier																	
Training																	
Unapproved																	
FAULT CATEGORY																	
Landing Gear				General													
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

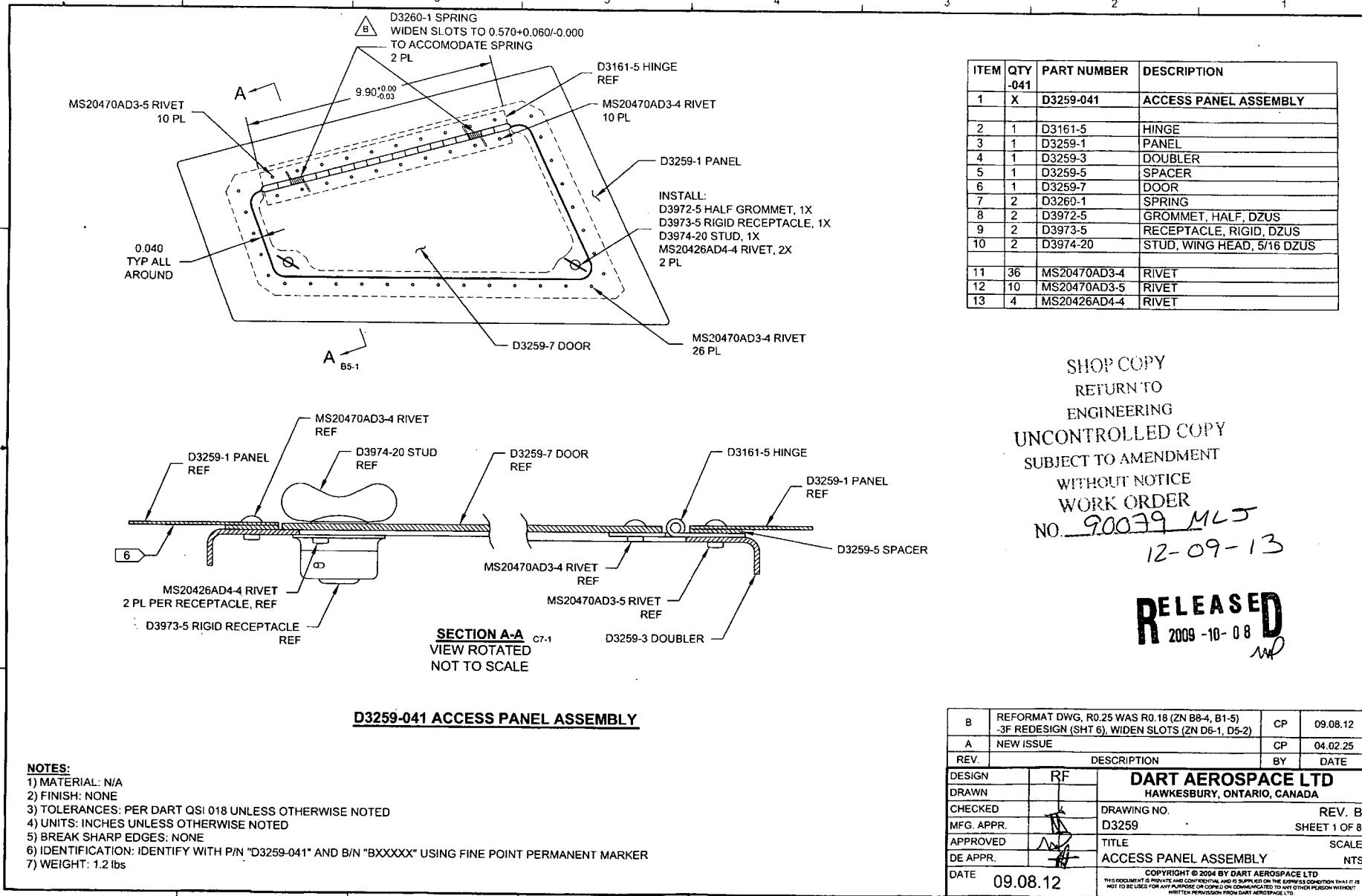
DART AEROSPACE LTD		Work Order:	90079
Description: Doubler		Part Number:	D3259-3/-4
Inspection Dwg: D3259	Rev: B		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

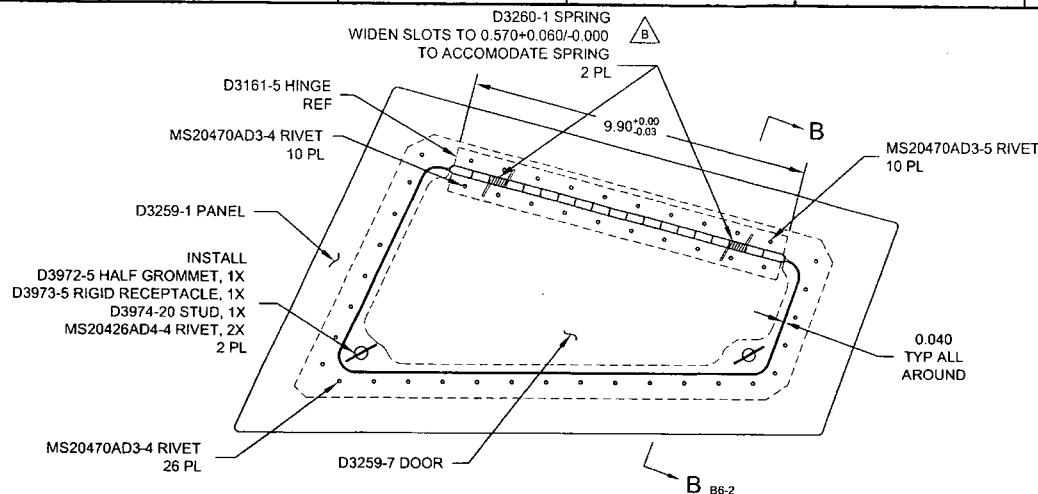
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
9.000	+/-0.005	9.601	2		P/R OWSL	
1.000	+/-0.005	.999	2		V 1802	
0.260	+/-0.010	.258	2		V	
R0.25	+/-0.030	.25	a		R.G.	
R0.50	+/-0.030	.50	2		R.G.	
5.000	+/-0.005	5.602	2		V	
0.875	+/-0.005	.873	2		V	
12.000	+/-0.005	12.601	2		P	
3.500	+/-0.005	3.499	2		V	
0.875	+/-0.005	.875	2		V	
R0.13	+/-0.030	.13	2		R.G.	
0.500	+/-0.005	.501	2		V	
0.525	+/-0.005	.524	2		V	
1.80	+/-0.030	1.801	2		V	
Ø0.128	+0.005/-0.000	.133	2		V	
Ø0.377	+0.005/-0.000	.379	2		V	
Ø0.098	+0.005/-0.000	.101	2		V	
0.063 thick	+/-0.005	.064	2		V	
Grain Direction	N/A					

Measured by:	B	Audited by:	SMB	Preliminary Approval:	
Date:	12-10-09	Date:	12-10-09	Date:	

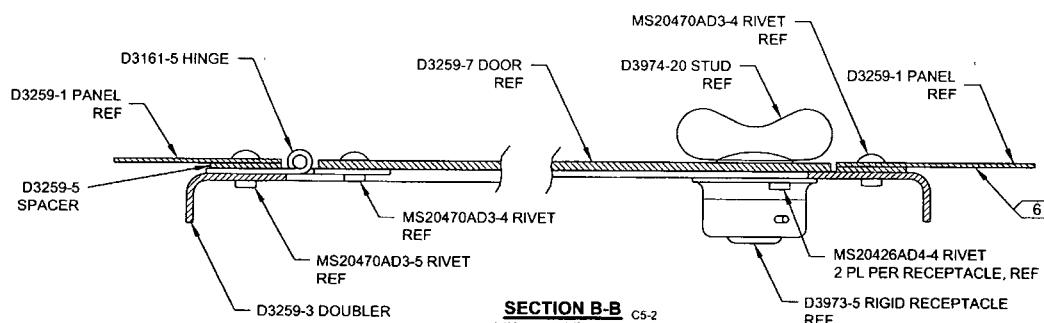
Rev	Date	Change	Revised by	Approved
A	04.08.25	New Issue P/O D412-705-019	KJ/JLM	
B	10.06.07	Dwg Rev updated	KJ	
C	10.08.03	Dimensions updated	KJ	



90079



ITEM	QTY	PART NUMBER	DESCRIPTION
1	X	D3259-042	ACCESS PANEL ASSEMBLY
2	1	D3161-5	HINGE
3	1	D3259-1	PANEL
4	1	D3259-4	DOUBLER
5	1	D3259-5	SPACER
6	1	D3259-7	DOOR
7	2	D3260-1	SPRING
8	2	D3972-5	GROMMET, HALF
9	2	D3973-5	RECEPTACLE, RIGID, DZUS
10	2	D3974-20	STUD, WING HEAD, 5/16 DZUS
11	36	MS20470AD3-4	RIVET
12	10	MS20470AD3-5	RIVET
13	4	MS20426AD4-4	RIVET

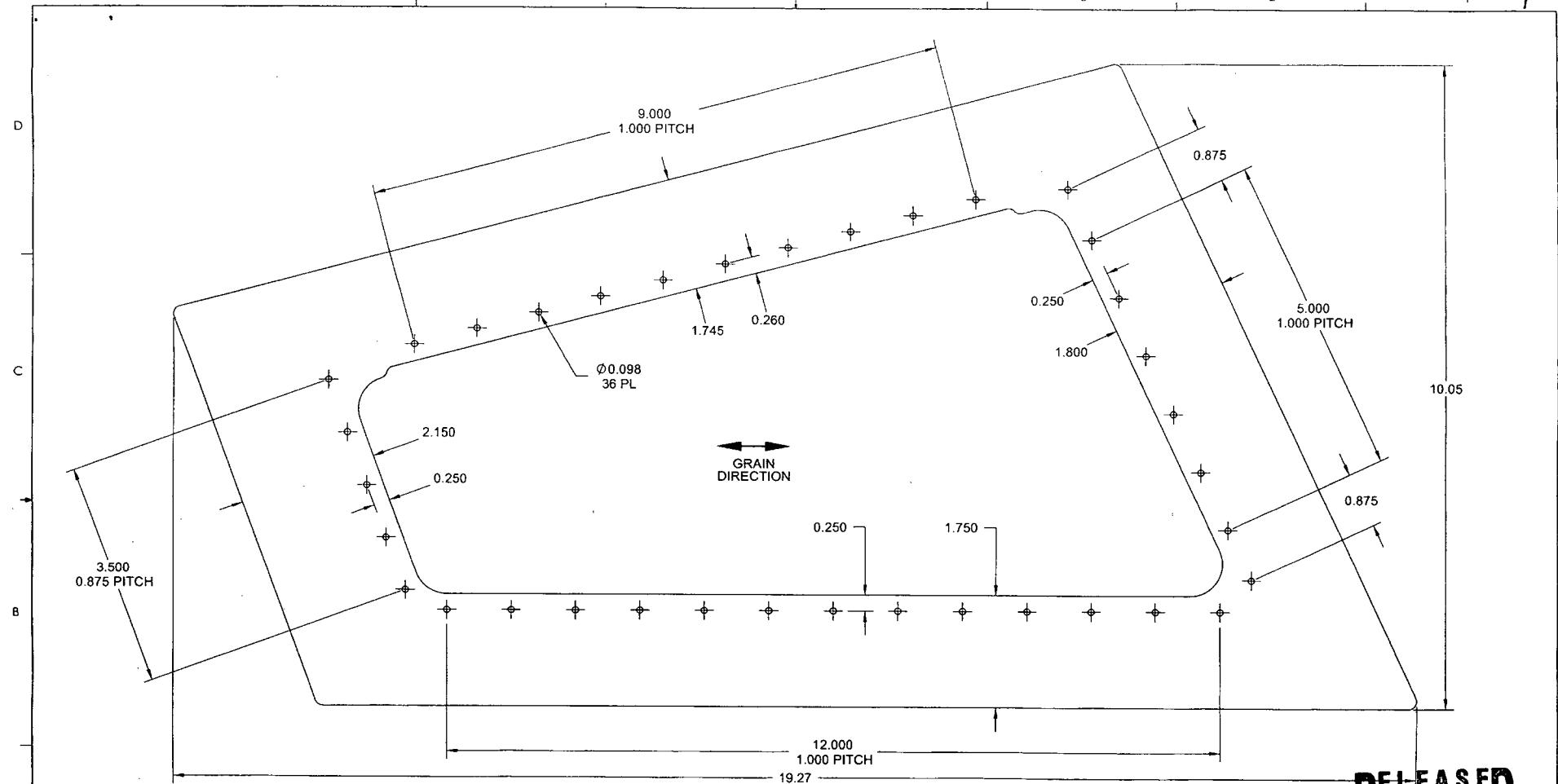


### D3259-042 ACCESS PANEL ASSEMBLY

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: NONE
- 6) IDENTIFICATION: IDENTIFY WITH P/N "D3259-042" AND B/N "BXXXXX" USING FINE POINT PERMANENT MARKER
- 7) WEIGHT: 1.2 lbs

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	1	HAWKESBURY, ONTARIO, CANADA	
CHECKED	2	DRAWING NO.	REV. B
MFG. APPR.	3	D3259	SHEET 2 OF 8
APPROVED	4	TITLE	SCALE
DE APPR.	5	ACCESS PANEL ASSEMBLY	NTS
DATE	09.08.12	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	



RELEASED  
2009-10-08  
JW

## NOTES:

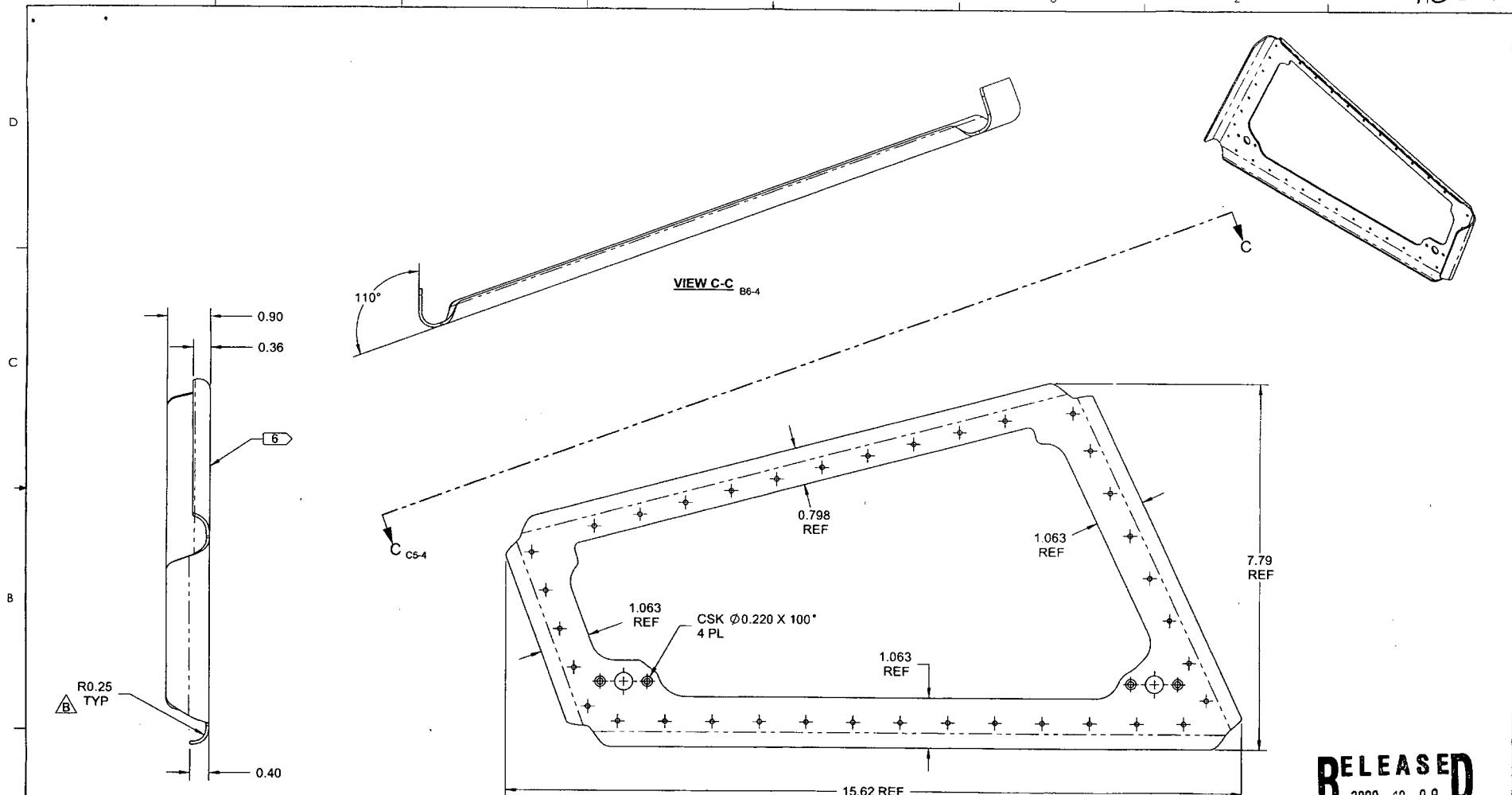
- 1) MATERIAL: 2024-T3 ALUMINUM SHEET 0.032 THICK PER AMS-QQ-A-250/4 OR AMS 4037 OR ASTM B209  
REF DART SPEC. M2024T3S.032
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3259-1" USING REMOVABLE TAG
- 7) WEIGHT: 0.25 lbs
- 8) MAKE PER DWG FILE "D3259-1B.DXF"

DESIGN	73F	DART AEROSPACE LTD
DRAWN	9/9	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO.
MFG. APPR.		D3259
APPROVED	N/A	REV. B
DE APPR.	N/A	SHEET 3 OF 8
DATE	09.08.12	TITLE SCALE NTS ACCESS PANEL ASSEMBLY

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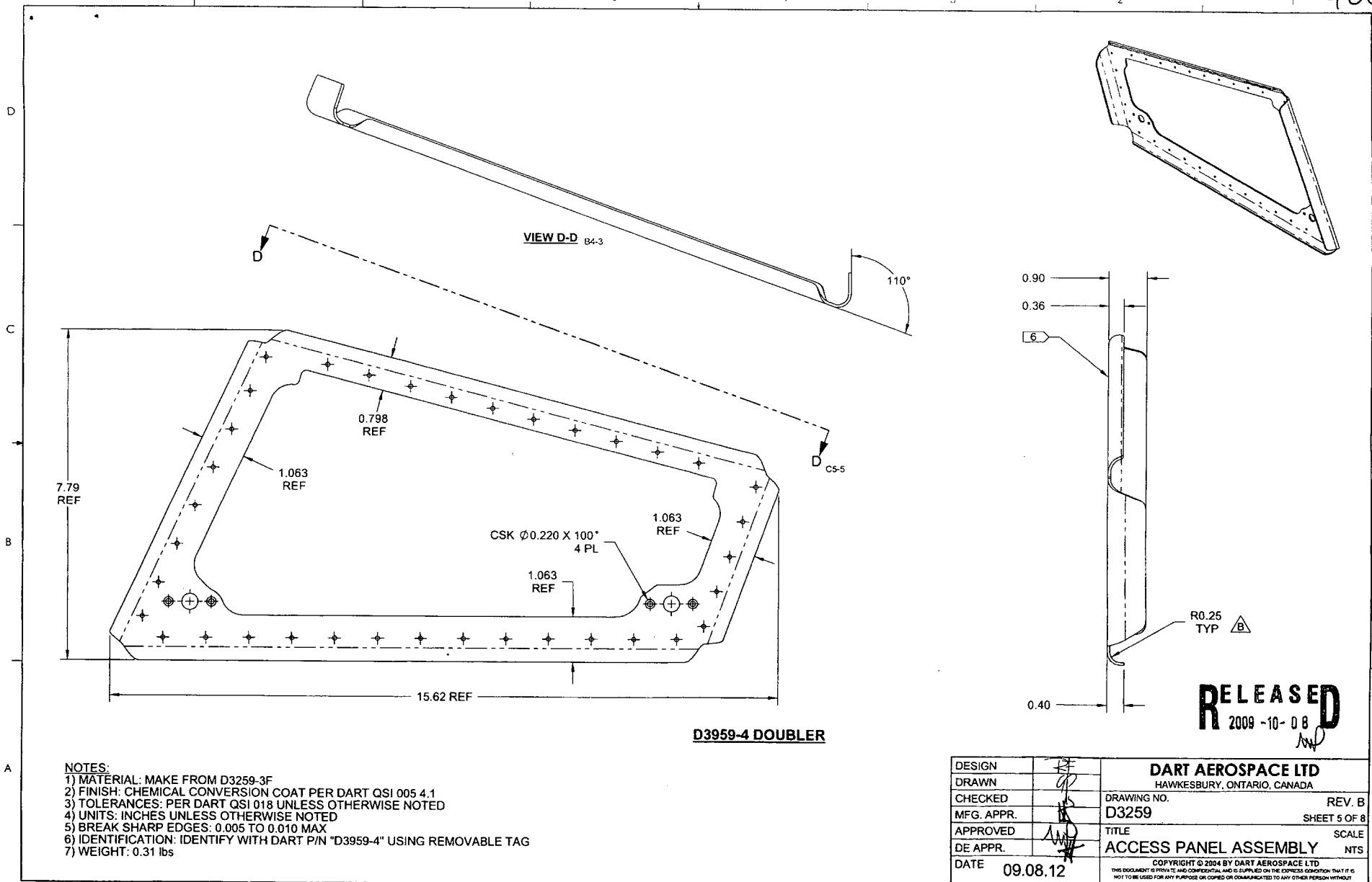
RELEASED  
2009-10-08  
NP

NOTES:

- 1) MATERIAL: MAKE FROM D3259-3F
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3259-3" USING REMOVABLE TAG
- 7) WEIGHT: 0.31 lbs

DESIGN	PF	DART AEROSPACE LTD	
DRAWN	GP	HAWKSBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. B
MFG. APPR.		D3259	SHEET 4 OF 8
APPROVED		TITLE	
DE APPR.		SCALE	
DATE	09.08.12	NTS	

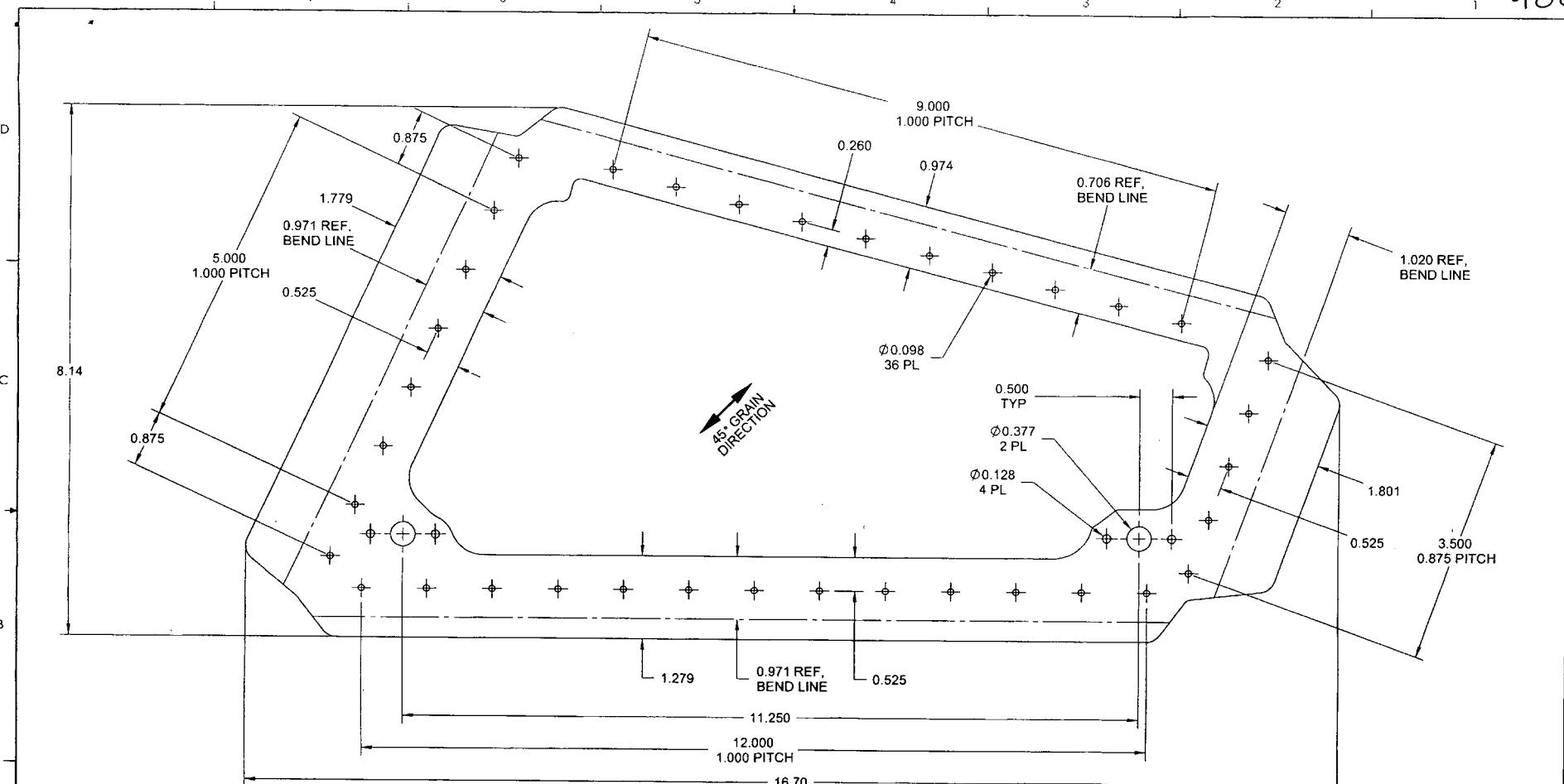
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DESIGN	<i>DP</i>	DART AEROSPACE LTD
DRAWN	<i>gp</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>jk</i>	DRAWING NO.
MFG. APPR.	<i>jk</i>	REV. B
APPROVED	<i>jk</i>	D3259
DE APPR.	<i>jk</i>	SHEET 5 OF 8
DATE	09.08.12	SCALE
		NTS

**ACCESS PANEL ASSEMBLY**

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D3259-3F DOUBLER

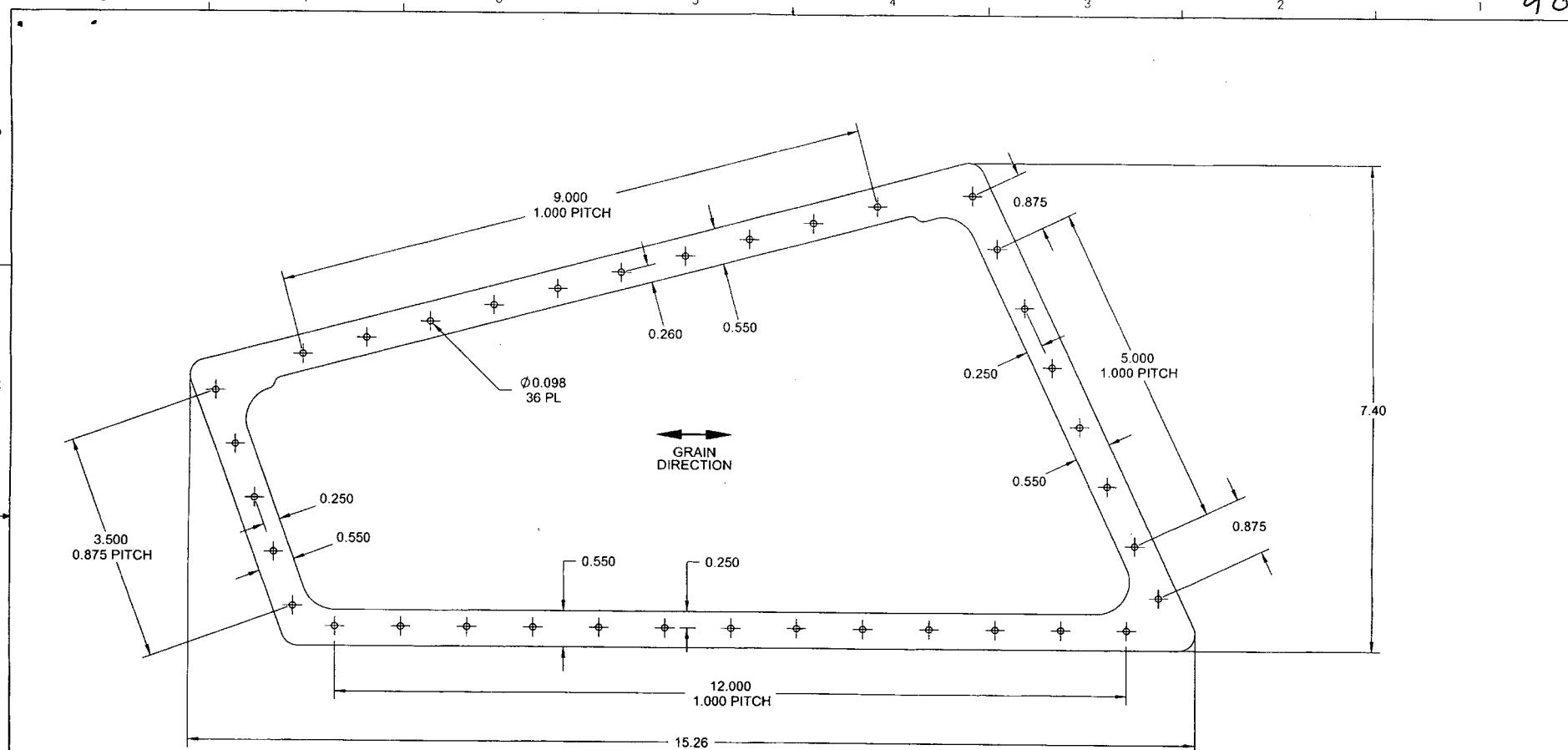
## NOTES:

- 1) MATERIAL: 2024-T3 ALUMINUM SHEET 0.063 THICK PER AMS-QQ-A-250/4 OR AMS 4037 OR ASTM B209  
REF DART SPEC. M2024T3S.063
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3259-3F" USING REMOVABLE TAG
- 7) WEIGHT: 0.31 lbs
- 8) MAKE PER DWG FILE "D3259-3FB.DXF"

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DESIGN	<i>TP</i>	DART AEROSPACE LTD
DRAWN	<i>dp</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>W</i>	DRAWING NO.
MFG. APPR.	<i>W</i>	REV. B
APPROVED	<i>W</i>	D3259
DE APPR.	<i>W</i>	SHEET 6 OF 8
DATE	09.08.12	TITLE SCALE NTS ACCESS PANEL ASSEMBLY

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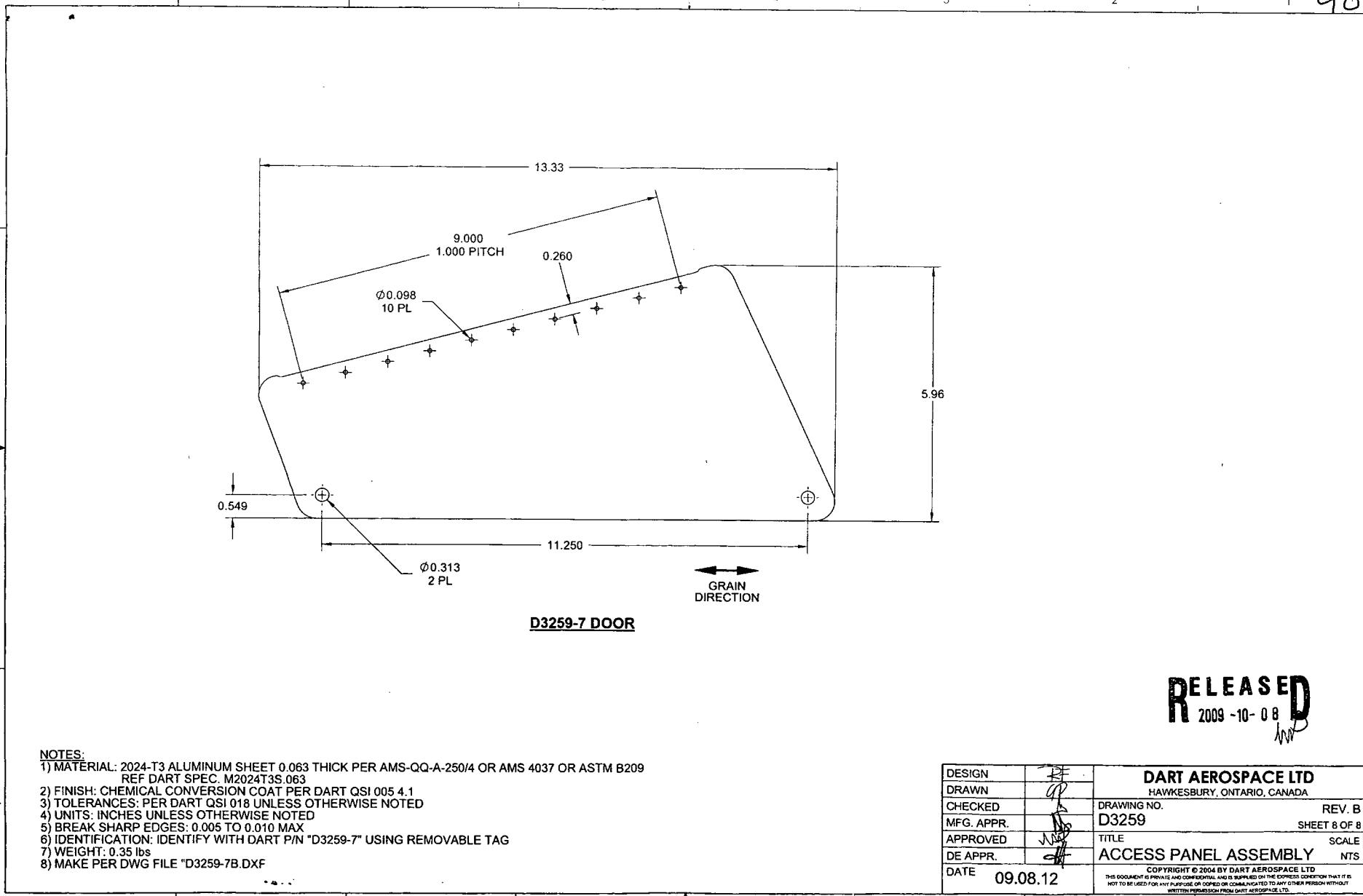
D3259-5 SPACER

NOTES:

- 1) MATERIAL: 2024-T3 ALUMINUM SHEET 0.032 THICK PER AMS-QQ-A-250/4 OR AMS 4037 OR ASTM B209  
REF DART SPEC. M2024T3S.032
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3259-5" USING REMOVABLE TAG
- 7) WEIGHT: 0.07 lbs
- 8) MAKE PER DWG FILE "D3259-5B.DXF

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2009-10-08  
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DESIGN	12	DART AEROSPACE LTD
DRAWN	GP	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO.
MFG. APPR.	10	REV. B
APPROVED		D3259
DE APPR.		SHEET 7 OF 8
DATE	09.08.12	SCALE
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DESIGN	<i>[Signature]</i>	DART AEROSPACE LTD
DRAWN	<i>[Signature]</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO. D3259
MFG. APPR.	<i>[Signature]</i>	REV. B
APPROVED	<i>[Signature]</i>	SHEET 8 OF 8
DE APPR.	<i>[Signature]</i>	TITLE ACCESS PANEL ASSEMBLY
DATE	09.08.12	SCALE NTS

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*[Handwritten signature]*